

# Cross-cultural communication

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| [emergency,onthepods](#), [Working & training in healthcare](#)

James interviews Dr Alan Giles about cross-cultural communication, both with patients and colleagues, and the importance of effective communication in the healthcare setting.

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## About Dr Alan Giles

Alan Giles is an Emergency Physician and medical educator based in Sydney. After completing his Fellowship in 1994, he has worked in both large and small [Emergency Departments](#) in the public and private sector. His educational interests include simulation, bedside ultrasound and [FOAM education](#).

Alan is the host of the podcast EMcast and is the Hospital Skills Director for [Sydney Local Health District](#) and South Western Sydney Local Health District. Clinically he works at the Sydney Adventist Hospital in Wahroonga, Sydney, where he also teaches bedside ultrasound. He has volunteered regularly in South East Asia over the last 10 years and is looking for an excuse to do it again. Not as fit as he deludes himself he once was, Alan is married with two adult children and two annoying cats.

## Cross-cultural communication

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*With Dr Alan Giles, Emergency Physician and medical educator in Sydney, Podcast host EMcast, Hospital Skills Director in the Sydney Local Health District and the South Western Sydney Local Health District*

### Case 1

**You are a junior doctor on the ward. You have been asked to admit an 80-year-old Vietnamese male who has presented with shortness of breath under the respiratory team. He doesn't speak much English but his English-speaking grandson is present.**



1. How would you obtain the most accurate history?

- Use existing information: previous history from electronic medical records, ambulance and triage notes
- The initial encounter, especially non-verbal communication, is pivotal in making patients comfortable and showing that you care
- Do: make eye contact, introduce yourself and your role to everyone (including to Non English-Speaking Background patients), go to the patient's level (e.g. sit on their bed), shake hands, lean forward, touch the side of their arm if appropriate
- Don't: look dismissive, look like you don't care, use your phone, use defensive body language like crossing your arms/legs
- People respond to body language and tone - try to be the best version of yourself

## 2. What are the options for interpreter services?

- Beware of "Chinese whispers" through a third party
- In emergency situations, use family or healthcare staff to obtain information in a timely fashion
- The choice of interpreter depends on the purpose of the communication
- Family can be used to clarify history and medications
- For consent of important decisions and procedures, an interpreter is required whenever possible

**The CT scan suggests malignancy. Prior to the scan, the grandson asks that you don't tell the patient if the result suggests malignancy.**

## 3. How would you respond?

- If you have a good relationship with the patient and their family, you can have a conversation saying that the patient has the right to know as it is their body
- Beware that the family may have a backstory that you are unaware of
- Acknowledge that imaging is not diagnostic without definitive tissue biopsy

## 4. How would you respond to patients who ask to see a doctor of a different gender to your own?

- Reflect that you may not understand their culture well and accommodate the request unless it is in a resuscitation situation
- If you ask a colleague to take over the care of your patient, be aware you are giving them extra workload and you should assist them by reciprocating and taking one of their patients in return
- Avoid being aggressive and confrontational

- Remember the aim is for safe and quality care for each patient

## Case 2

**You are an intern on a surgical ward. The registrar seems frustrated with you and you have difficulty understanding what they want. The registrar was an overseas consultant and now is acting as an unaccredited registrar.**

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**5. How can we better communicate with colleagues who are trained overseas and English is possibly not their first language?**

- Try to empathise with them - acknowledge that Australia has a relatively flatter hierarchy in the medical workforce, compared to other countries
- Overseas trainees may be 'the top of hierarchy' and be confronted with a different culture and the challenge of working their way up the chain again
- Get to know their background
- Often overseas accents may seem abrupt when they are not intended to be
- If you perceive that you are being bullied, seek help from up the chain, e.g. Director of Medical Services

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**6. How do you think hospitals can better integrate overseas-trained doctors?**

- Overseas doctors can complete a series of online courses before working - these are used as part of the ED orientation and are mandatory in some hospitals
- The community of people with similar backgrounds can assist each other
- More care during the orientation period
- Ensure they settle outside medicine, e.g. family, friends and community
- Doctors need to be open to change

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**Take home messages**

- Junior doctors are in a privileged position - a good doctor communicates effectively and is able to give quality care for patients despite the stresses they face

## Related Podcasts

- [Communication and patient-centred care](#)

- Indigenous Health in the top end

**Tags:** #body language,#communication,#cross-cultural,#cross-cultural communication,#Emergency Medicine,#empathy,#healthcare culture,#interpreter,#non-english speaking,#overseas doctors,#workplace culture